

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568216

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1		1			
12						
13						
14						
15						
16						
17						
18	1		1			
19						
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47						
48						
49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	3	←	27	←	
TOTAL CLAIMS		30				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						